

Maryland Department of Human Resources Office of Licensing and Monitoring 311 W. Saratoga Street Baltimore, Maryland 21201 Office: 410.767.7871 Fax: 410.333.8408

Office: 410.707.7671 Fax: 410.553.6406						
CHILD PLACEMENT AGENCY REPORT						
Provider Organization: PSI Fa	amily Se	rvices, Inc.				
Licensing Agency: DHR	Cor	Contracting Agency(s): DHR/CFSA/DJS				
Name of Chief Administrator:	Email: sheilapandit@psifamilyservices.com					
License Type: Treatment Foster Care			Type of Inspection: Quarterly			
Name and Address of CPA Office		License	DHR	Census by	License#/	Date of site
		Capacity	Contract Limit	Placing Agency	Exp. date	Inspection
PSI Family Services, Inc.		unlim ited	58	DHR 28	# 00302	4/28/17
8301 Professional Place East, Suite 205			CFSA 33	07/09/2017	&	
Hyattsville, Maryland 20785			DJS 0	0770372017	5/1/17	
Inspection Summary						
Number of Records Reviewed: Youth 5 Staff 0 Foster Parent 4 Adoptive Parent N/A						
Number of Interviews: Youth 2 Staff 0 Foster Parent 4						
CPA Office Inspection: Approved						
Number of ILP Apartments Inspected: N/A Number of Foster Homes Inspected: 0						
Current COMAR Violation: Yes No _x_						
If Yes, list Cited Violation(s) below: Violation(s) Findings						
Violation(s)	、 /					
07.05.02.10D (3)	2/5 youth records did not reflect foster parent notes					
07.02.21.08 A (1) 2/5 initial treatment			ent plans were either not signed by youth or missing.			
07.02.21.08 A (2)	3/5 youth continuing treatment plans were missing					
07.02.21.11						
07.05.02.18 D	1/5 records did not have a current face sheet					
07.05.02.18 D (8)	1/5 youth records did not have any current educational documentation					
07.05.02.18 F (5)	1/4 foster parent records did not have a face sheet					
07.05.02.11 E (9)	2/4 foster parent records did not have current driver's license					
07.05.02.06 A (1) (a &b)	1/4 foster parent records did not reflect current TB test					
07.02.21.10 C	2/4 foster parents did not have 20hrs of annual training					
07.05.02.06 1/4 foster parent red						on meeting the
07.03.02.00				i reflect current mea	icui examinatio	on meeting the
two year requirement .05.02.13 A (8) 1/4 foster agreement missing foster parent signature						
07.05.02.10 D (6)						
Corrective Action Plan: Yes x N	•	ter parent n	•	, date of CAP: 5/1/	17	
Any Violations During Mid or Re-Licensure Periods: Yes No If Yes See Report (s) Date(s): N/A						
Complaint Outcome: N/A						
Current Status of License: Continued						

Licensing

Coordinator: Michelle Goines Date: 6/1/17 Email: michelle.goines@maryland.gov

Program Manager: Richard Berger Date 6/1/17 Email: <u>richard.berger@maryland.gov</u>